DENTAL OFFICE TOOLKIT

How-to Guides

*All names, dates of birth, claims and history included in this guide
are fictitious and not representative of an actual person*

Last Revised: July 2019

Table of Contents

█ Denotes new functionality

This Dental Office Toolkit® (DOT) training guide assumes that the users are operating according to the below system requirements:

- Ensure you have the latest version of Google Chrome and Adobe Acrobat Reader downloaded.
    - Download the latest version of Google Chrome <u>here</u>
    - Download the latest version of Adobe Acrobat <u>here</u>
- Ensure that you have pop-ups enabled for <u>https://dentalofficetoolkit.com</u> Pop-ups will only be used to display a printable format of benefits, routine procedures, etc.
- To view a full list of system requirements the new Toolkit will require, please click <u>here</u>

The Dental Office Toolkit® (DOT) can be utilized to view information and submit claims for the following Delta Dental entities:

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Arkansas
- Delta Dental of Kentucky
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of Minnesota (Individual ONLY)
- Delta Dental of Tennessee
- Delta Dental of Wisconsin (CMS ONLY)

New Functionality

Functionality	Definition
Ability to use back button	The new DOT does not have a designated back button built into the interface. **To go back, use the web browser's back button.**
Select a member	Select a member anywhere in the system by clicking "Change Member" on the top right.
Select an office	Select a service office anywhere in the system by clicking "Change Office" on the top left.
Set home office	Set a home office by navigating to a chosen office and clicking "Set as Home Office" on the Office Details page.
Search family claims across businesses	Search for family claims across all businesses to view claims history and accumulated benefits.
User management	Manage the permissions granted to each DOT user by designating an administrative user in the office and having each user create their own DOT account.

COMMON QUESTIONS

- DOT Registration

- First Time Login

- Reset Password

- User Management

- Enable Pop-ups and Cookies in Google Chrome

DOT Registration

1 — **Getting Ready**   2 — Provider Details   3 — One Time Passcode   4 — User Details   5 — Done!

Am I ready to register?

In order to register, you must know the following information for your Dental Provider:

- Do I know my Provider License Number?
- Do I know the State in which my Provider is Licensed?
- Do I know my business Tax Identification Number?
- Do I know my Service Office ZIP Code?
- Do I have access to the Phone Number or E-mail Address on file with our Provider Records Department?*

If you have all of the above information, then you can continue the registration process by selecting the **NEXT STEP** button below.

*NOTE FOR LARGE CORPORATIONS WITH A CENTRALIZED E-MAIL ADDRESS OR PHONE NUMBER:

As part of the registration process, a one-time passcode is sent to the Phone Number or E-mail Address on file with our Provider Records Department. You must have access to the Phone Number or E-mail Address on file, directly or through another person, to complete registration.

Cancel Registration

NEXT STEP

1. Make sure the provider has their license number, state in which provider is Licensed, TIN, service office ZIP code, and contact information before clicking on "Next Step"

1 Getting Ready
2 Provider Details
3 One Time Passcode
4 User Details
5 Done!

Please enter your registration details below...

License Number
0000

License State
Michigan - MI

Tax Identification Number
111222333

Service Office ZIP Code
55555

Cancel Registration

BACK   NEXT STEP

2. Ensure the provider accurately types in the license number, state in which provider is licensed, TIN, and service office ZIP code and then click "Next Step"

1 — Getting Ready
2 — Provider Details
3 — One Time Passcode
4 — User Details
5 — Done!

One Time Passcode

You must verify that you are authorized to register as a Dental Office Toolkit user.

To start the verification process, please select where you would like to receive your one time passcode.

○ **Call to Phone Number:** (user's phone number on file)

● **Email:** (user's email address on file)

Requester Name: Ginger

Cancel Registration

SEND PASSCODE NOW

3. Select which contact information you would like the one-time passcode to be sent to (select the option you can most easily access) and enter your name

1	2	3	4	5
Getting Ready	Provider Details	One Time Passcode	User Details	Done!

Enter One Time Passcode

One time passcode sent to: **(user's email address on file)**

Once you receive your code, enter it below and click "SUBMIT".

Enter one time passcode: 999999

Select "REQUEST NEW CODE" to receive another code or to change delivery method

Cancel Registration

REQUEST NEW CODE   SUBMIT

4. Enter the one time passcode you received to the phone number or email address selected
5. Click "Submit"

1 — 2 — 3 — 4 — 5
Getting Ready   Provider Details   One Time Passcode   User Details   Done!

Please enter your first and last name below:

First Name

ProviderX

Last Name

Office1

Please create your username and password below:

Username

providerxxx

Please create a Username with the following rules:
1. May be a combination of letters and numbers. Is not case sensitive
2. Must start with a letter
3. Must only contain 8 to 14 letters and numbers
4. Must NOT contain spaces

Password

•••••••••••   Show

Confirm Password

•••••••••••   Show

Please create a Password with the following rules:
1. Must contain 8 to 14 characters
2. Must contain at least one Upper case letter
3. Must contain at least one Lower case letter

6. Ensure the provider completes all fields and meets necessary username and password requirements

Please create a Password with the following rules:
  1. Must contain 8 to 14 characters
  2. Must contain at least one Upper case letter
  3. Must contain at least one Lower case letter
  4. Must contain at least one Number
  5. Must contain at least one of the following special characters: @, $, !, %, *, ?, &, _, #
  6. Must NOT contain spaces

Please choose your security questions and answers below:

Question 1

In what city were you born?

Answer 1

Detroit

Question 2

Who is your personal hero?

Answer 2

Tooth Fairy

Question 3

What is your favorite hobby?

Answer 3

Cleaning Teeth

Cancel Registration

REGISTER

7. Ensure the provider creates and answers three security questions
8. Click "Register"

1 Getting Ready — **2** Provider Details — **3** One Time Passcode — **4** User Details — **5** Done!

Congratulations!

You have completed the DOT Registration and can login now for the first time.

Here are the details:

First Name: ProviderX

Last Name: Office1

Username: providerxxx

Tax Identification Number: 111222333

License Number: 0000

License State: MI

Zip Code: 55555

PROCEED TO LOGIN

9. Confirm all details above are correct and click "Proceed to Login"

First Time Login

You are seeing this page because one or more pieces of your user profile is incomplete.

For any empty fields below, you must specify a value in order to continue to the application.

Optionally, you may take this opportunity to change any of your existing user profile information as well.

NOTE: You will be able to change your user profile information in the future from within the DOT application in the **My Profile** section.

First Name
Ginger

Last Name
Ale

Email Address:
GAle@deltadentalmi.com

Phone Number:
(555) 555-5555

Please choose your new security questions and answers below:

Question 1
Select a question

Answer 1
Letters and numbers only

Question 2
Select a question

Answer 2
Letters and numbers only

Question 3
Select a question

Answer 3
Letters and numbers only

UPDATE AND CONTINUE

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements

1. When you first log into the new Dental Office Toolkit, you will be prompted only once to enter and/or confirm information for your profile

You are seeing this page because one or more pieces of your user profile is incomplete.

For any empty fields below, you must specify a value in order to continue to the application.

Optionally, you may take this opportunity to change any of your existing user profile information as well.

NOTE: You will be able to change your user profile information in the future from within the DOT application in the **My Profile** section.

First Name
| Ginger |

Last Name
| Ale |

Email Address:
| GAle@deltadentalmi.com |

Phone Number:
| (555) 555-5555 |

Please choose your new security questions and answers below:

Question 1
| What was your dream job as a child?   ▼ |

Answer 1
| Dentist |

Question 2
| Who is your personal hero?   ▼ |

Answer 2
| Delta Dental |

Question 3
| What is your favorite hobby?   ▼ |

Answer 3
| Cleaning Teeth |

UPDATE AND CONTINUE

2. Click "Update and Continue" to proceed to the Dental Office Toolkit

Reset Password

Username:

GingerAle1

Password:

Password

Login

Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account?

1. On the DOT login screen, click "Forgot Password"

Username:

GingerAle1

Submit

Not Yet Registered?

REGISTER

How to Register Your Account?

2. Enter the username associated with the account you would like to reset the password for

Please choose the delivery method for your Passcode.

- ○ Email xxxxx@deltadentalmi.com
- ○ Phone/Mobile xxx-xxx-5214
- ○ Answer Security Questions

Submit

Not Yet Registered?

REGISTER

How to Register Your Account?

3. Specify your delivery preference (email, phone call, or security questions) for a one-time passcode, and click "Submit"

Ginger Ale,

SECUREAUTH

You have requested online access from our website.

Your time-sensitive One-time Passcode is 101010

Please enter the code into the form for which you have requested access. Thank you for utilizing our services.

4. Retrieve the one-time passcode via your specified delivery preference (your code will always be unique)

101010

Submit

Please click here to use an alternate registration method.

Not Yet Registered?

REGISTER

How to Register Your Account?

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

5. Enter the unique passcode and click "Submit"

Please enter a new password below.

User ID: GingerAle1

New Password: ***********

Confirm Password: ***********

Submit

Password must differ from previous password by 1 password(s).

Password length greater than 10 characters.

Contain 4 of the following:

- 1 digits (0-9).

- 1 symbols (!, @, #, $, %, *, etc.).

- 1 uppercase English letters (A-Z).

- 1 lowercase English letters (a-z).

Not Yet Registered?

REGISTER

How to Register Your Account?

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

6. Enter a new password that follows the requirements listed

7. Click "Submit"

Username:

GingerAle1

Password:

****

Login

Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account?

8. Enter your username and new password, and click "Login"

User Management

New functionality

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

- ⊘ **Office**
  - • Office Details
  - Fee Schedules
  - Direct Deposits

- 👤 **Member**

- ⊘ **Admin**

Service Office Details

Bradley Brackets

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 6666

NPI Type1:

Tax ID: 777555777

Payment Method: Check

Par Status:
Non-Participating

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

06/13/2019

Welcome to the new Dental Office Toolkit!

05/17/2019

Free Continuing Education courses now available!

05/15/2019

Attention Prescribing Dentists

03/29/2019

An ALL-NEW Dental Office Toolkit® is coming!

01/18/2019

Activity Log (5) New

Information Requests	EFTs	②Pre-Treatment Estimates	③No Pay Processed Claims	EFT Interest Payments

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

1. Navigate to the Admin tab on the left-hand navigation bar

DELTA DENTAL® Dental Office Toolkit

Search

Office

Member

Admin

My Profile

• User Management

Forms

Help

Contact Us

Support Code

OIDC Token

User Management

Displaying all users that are associated with business TIN: **777555777**

FILTER BY

| Username | First Name | Last Name | CLEAR |

Page 1 of 1   1-5 of 5 Records   1

Username	First Name	Last Name ▼	
ccuspid123	Cathy	Cuspid	VIEW PROFILE
ddentist123	Deena	Dentist	VIEW PROFILE
podontal	Perry	ODontal	VIEW PROFILE
ttooth123	Tammy	Tooth	VIEW PROFILE
toothhurts1	DOT	User	VIEW PROFILE

Page 1 of 1   1-5 of 5 Records   1

2. Click on "User Management"
3. View the users associated with your office, and click on "View Profile" for any user you'd like to manage permissions for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Admin

User ID: ccuspid123

First Name: Cathy

Last Name: Cuspid

Phone Number: 5173475214

Email Address: nkatti@deltadentalmi.com

User Role(s):

☑ User Manager

Users with the User Manager role have access to the User Management section of the application where they can view a user's profile as well as update their phone number, e-mail address and user roles.

☑ EFT User

Users with the EFT User role will have access to the Direct Deposits section of the application where they can view direct deposit accounts and register for direct deposit.

☑ DOT User

Users with the DOT User role will be able to perform all other DOT application functionalities.

NOTE: Removing this role from a user will prevent them from accessing the application.

PLEASE NOTE: EFT access will be revoked upon the users next login.

UPDATE PROFILE

4. View and change the user role(s) of any individual user based on your preferences
5. Click on "Update Profile"

Enable Pop Ups and Cookies in Google Chrome

Enable Pop-Ups in Google Chrome

Dental Office Toolkit

DELTA DENTAL® **Dental Office Toolkit**

Username:

Username

Password:

Password

○ This is a public computer
● This is a private computer

Login

Forgot User ID   Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account?

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

1. Click on the lock icon in the address bar

Connection is secure

Your information (for example, passwords or credit card numbers) is private when it is sent to this site. Learn more

🖬 Certificate (Valid)

🍪 Cookies (44 in use)

⚙ **Site settings**

https://uat.dentalofficetoolkit.com/dot-ui/login

Office Toolkit

Username:

Username

Password:

Password

⚪ This is a public computer
⚫ This is a private computer

Login

Forgot User ID   Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account?

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

2. Click on 'Site settings'

Dental Office Toolkit | Settings

Chrome | chrome://settings/content/siteDetails?site=https%3A%2F%2Fuat.dentalofficetoolkit.com

Settings

Search settings

Permissions | Reset permissions

Location — Ask (default)
Camera — Ask (default)
Microphone — Ask (default)
Notifications — Ask (default)
JavaScript — Allow (default)
Flash — Ask (default)
Images — Allow (default)
Pop-ups and redirects — Block (default)
Block (default)
Allow
Block
Ads
Block if site shows intrusive or misleading ads
Background sync — Allow (default)
Sound — Automatic (default)
Automatic downloads — Ask (default)
MIDI devices — Ask (default)
USB devices — Ask (default)
Unsandboxed plugin access — Ask (default)
Clipboard — Ask (default)
Payment Handlers — Allow (default)

3. Scroll down to 'Pop-ups and redirects' and change the setting to <u>ALLOW</u>
4. Refresh the DOT website

Enable Cookies in Google Chrome

dentalofficetoolkit.com/dot-ui/login

DELTA DENTAL® Dental Office Toolkit

Username:

Username

Password:

Password

Submit

Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account and Log In

For **Federal Government Programs** please bookmark
www.ddfgptoolkits.com

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

Note: This guide is for any users who are getting redirected back to the login page each time they attempt to log in

Dental Office Toolkit

DELTA DENTAL® Dental Office Toolkit

Username:

Username

Password:

Password

Submit

Forgot Password

Not Yet Registered?

REGISTER

How to Register Your Account and Log In

For **Federal Government Programs** please bookmark
www.ddfgptoolkits.com

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements   Contact Us

1. Navigate to https://www.dentalofficetoolkit.com/ in Google Chrome
2. Click on the red icon in the address bar

Settings

Search settings

People

Autofill

Appearance

Search engine

Default browser

On startup

Advanced

Privacy and security

Languages

Downloads

Printing

Accessibility

System

Reset and clean up

Extensions

About Chrome

← Cookies

Search

Allow sites to save and read cookie data (recommended)

Keep local data only until you quit your browser

Block third-party cookies
Prevent third-party websites from saving and reading cookie data

See all cookies and site data

Block   Add

🔺 https://[*.]www.dentalofficetoolkit.com:443

Clear on exit   Add

No sites added

Allow   Add

G https://[*.]accounts.google.com:443

If the toggle button is to the right, it has been <u>enabled</u>

If the toggle button is to the left, it has been <u>disabled</u>

5. Ensure that the first option, 'Allow sites to save and read cookie data' is <u>ENABLED</u>
6. Ensure that the third option, 'Block third-party cookies' is <u>DISABLED</u>

Close out of Google Chrome and re-open it. Navigate back to https://www.dentalofficetoolkit.com/

MEMBER

- Select Member

- View and Print Member Benefits

- Search for Complete Dental History of a Member

- Search Sealant History of a Member

Select a Member

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE | CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

- Search
- **Office**
  - • Office Details
  - Fee Schedules
  - Direct Deposits
- Member
- Admin
- Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018

It's smart to be PPO!

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

10/15/2018

DOT

Activity Log (10) New

Information Requests	EFTs	Pre-Treatment Estimates ②	No Pay Processed Claims ⑧	EFT Interest Payments

Showing activity for the last 90 days   ☐ Show Archived

⚙ **Page 1 of 1**   1-5 of 5 Records   « ‹ **1** › »

Archive	Date Received ▼	Claim Number	Patient Name
☐	02/19/2019	1902194066570	**Tim McGraw**
☐	02/19/2019	1902194066569	**Tim McGraw**
☐	02/19/2019	1902194066572	Clark Kent

1. Click on the "Change Member" button on the top home bar to enter a Member ID

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE　CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CANCEL

Search

Office
- Office Details
  Fee Schedules
  Direct Deposits

Member

Admin

Logout

Service Office Details

MEMBER ID

33355577　SEARCH

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Activity Log (10) New

| Information Requests | EFTs | Pre-Treatment Estimates ② | No Pay Processed Claims ⑧ | EFT Interest Payments |

Showing activity for the last 90 days　　　○ Show Archived

You have no Information Requests at this time.

2. Type the Member ID number in the box and click "Search"

3. The orange box on the left-hand navigation bar will direct you to the member details page

4. The blue box will show the member name and relationship

5. The red box shows a quick view of the member you are viewing (by selecting the drop-down arrow, you can select a different member, ex: spouses or dependents)

View and Print Member Benefits

SELECTED SERVICE OFFICE: HOME OFFICE   CHANGE OFFICE   SELECTED MEMBER ID: CHANGE MEMBER

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114   Please select a member

Search

Office
• Office Details
  Fee Schedules
  Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Activity Log (10) New

Information Requests	EFTs	Pre-Treatment Estimates (2)	No Pay Processed Claims (8)	EFT Interest Payments

Showing activity for the last 90 days   ☐ Show Archived

⚙ Page 1 of 1   1-5 of 5 Records   « ‹ 1 › »

Archive	Date Received ▼	Claim Number	Patient Name
☐	02/19/2019	1902194066570	Tim McGraw
☐	02/19/2019	1902194066569	Tim McGraw
☐	02/19/2019	1902194066572	Clark Kent

1. Click on the "Change Member" button on the top home bar
2. Type in the Member ID and click "Search"

3. Click the orange box on the left-hand navigation bar to see the member details page
4. Click "Print Benefits" in the blue box

Eligibility and Benefits are based on information available on 05/30/2019 . This is an overview of benefits that should be reviewed in its entirety, and not a guarantee of payment. Refer to the patient's summary plan description (SPD) for detailed benefits, limitations, and exclusions. Estimated patient out of pocket expenses can be determined by the submission of a pre-treatment estimate.

△ DELTA DENTAL

Eligibility

		Claims Mailing Address
Member Name:	Bruce Roberts	
Patient Name:	Bruce Roberts	Delta Dental
Relationship:	Subscriber	P.O. Box 9085
Client Name:		Farmington Hills, MI 48333-9085
Client Number:		
Product:	Delta Dental PPO (Point-of-Service)	**Payer ID** DDPMI, DDPIN, DDPOH
Currently Eligible:	Yes as of 08/01/2018	Contact your clearing house if you have any issues with these payer IDs
Client Information:	The Employer has selected the following benefit plan. Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is processed.	

Coordination of Benefits

Internal:	Yes	Be sure to visit us at **www.deltadentalmi.com** to submit claims and
External:	Yes	review benefits.

Coordination of benefits information is based on the information submitted on the claim.

Maximum and Deductibles

	PPO Dentist Premier Dentist Nonparticipating Dentist	
Maximum	Individual (used/max)	Family (used/max)
Orthodontic	$ 0.00 / $ 1000.00	
General	$ 1000.00 / $ 1000.00	

		applies to	Benefit Periods
PPO Dentist Premier Dentist Nonparticipating Dentist	Orthodontic	on orthodontic services.	Lifetime
	General	on all services, except orthodontic services.	01/01/2019 to 12/31/2019

*** There is no deductible for this contract ***

Office Visit

Based on contract limitations for the services listed below, the patient is currently eligible for those services where 'Yes' is displayed provided maximum is available and waiting periods have been met. 'No' indicates the patient has met the time limitations for the procedure, or the procedure is otherwise not covered, and if the service was performed today, no payment will be made by Delta Dental

Exam	No	Payment was issued on service dates of 04/05/2019,04/01/2019	Full Mouth X-rays	Yes	
			Fluoride	No	Not covered due to the patient's age
Cleaning	Yes				
Perio Maintenance Cleaning	Yes		Perio Risk Test	No	Service is not a covered benefit for this patient
Bitewings	Yes		Occlusal Guard	Yes	

Benefit Breakdown

This page provides the levels of coverage and frequencies based on this client's contract with Delta Dental. This listing covers the most commonly requested procedure codes, but it is not all-inclusive listing of possible covered procedures. If you need information about a code not listed below, you may inquire on it using our automated system, DASI, under the Benefits section. Benefit levels and payments are based on the client's contract and Delta's processing policies. Please note, this information is not a guarantee of coverage or payment. Benefits and payments are determined only when a claim is received and processed by Delta Dental.

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

	PPO Dentist Premier Dentist		Nonparticipating Dentist	
Diagnostic	%	Waiting Period Met Date	%	Waiting Period Met Date
D0120	Oral Exam	100%	N/A	75%	N/A
D0140	Oral Exam	100%	N/A	75%	N/A
D0150	Oral Exam	100%	N/A	75%	N/A
D9110	Misc	100%	N/A	50%	N/A

• Oral examinations (including examinations by a specialist) are payable twice per calendar year.

Preventive

D1110	CleaningCleaningClea...	100%	N/A	75%	N/A

5. A benefits summary document will open in a new tab
6. Click the print icon in the top-right corner

Search for Complete Dental History of a Member

New functionality

1. Click on "Search" on the left-hand navigation bar
2. Fill out the data fields outlined in **red**
3. Enter the desired time period or start/end dates outlined in **blue**
4. Click "Search"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub   ▾

CHANGE MEMBER

RESET   SEARCH

Search Results

Page 1 of 1   1-23 of 23 Records

« ‹ 1 › »

Service Date ▾	Date Received	Patient Name	Claim Number	SSN	Status
	02/25/2019	Bruce Roberts	1902254133790	xxxxx5444	Routed
	02/19/2019	Clark Kent	1902194066572	xxxxx4777	Denied
	02/19/2019	Clark Kent	1902194066571	xxxxx4777	Denied
	02/19/2019	Tim McGraw	1902194066570	xxxxx5333	Estimated
	02/19/2019	Tim McGraw	1902194066569	xxxxx5333	Estimated
	02/19/2019	Bruce Roberts	1902194066567	xxxxx5444	Denied
02/18/2019	02/19/2019	Bruce Roberts	1902194066565	xxxxx5444	Denied
02/15/2019	02/19/2019	Bruce Roberts	1902194066566	xxxxx5444	Denied
02/13/2019	02/19/2019	Stan Smith	1902194066579	xxxxx1009	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066576	xxxxx4777	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066575	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099323	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099322	xxxxx4777	Denied
02/01/2019	02/25/2019	Bruce Roberts	1902254133797	xxxxx5444	Routed
02/01/2019	02/25/2019	Bruce Roberts	1902254133796	xxxxx5444	Denied
02/01/2019	02/14/2019	Faith Hill	1902144991419	xxxxx5333	Paid
02/01/2019	02/14/2019	Faith Hill	1902144991418	xxxxx5333	Paid
01/22/2019	02/19/2019	Clark Kent	1902194066574	xxxxx4777	Denied
01/22/2019	02/19/2019	Clark Kent	1902194066573	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066578	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066577	xxxxx4777	Denied

5. View search results
6. Click on any claim number to view details

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

- Search
- Office
- Member
- Admin
- Logout

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Clark Kent
Date of Birth:	06/01/1970
Relationship Code:	Subscriber
Subscriber Name:	Clark Kent

Dentist Information

Dentist Name:	Ginger Vitis
License Number:	77777
Dentist TIN:	197919791
Specialty:	General Practitioner
Other Carrier:	

Claim Information

Receipt Date:	02/19/2019
Process Date:	02/19/2019
Claim Number:	1902194066572
Claim Type:	Pre-treatment Estimate
Claim Status:	Denied
Other Carrier Payment:	

PRINT CLAIM DETAIL

SUBMIT CLAIM QUESTION

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
														Group Number: 2808 Sub-group Number: 1000				
				D0340	$299.00	$102.00	$0.00	$0.00	$0.00	0.0%	$102.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Denied		Provider	

Policy Code(s): AP11002, EL03400

The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient.		
Policy AP11002: This pre-treatment estimate summarizes the benefits under the enrollee's secondary coverage. The estimate summarizing the benefits available under the enrollee's primary coverage was sent to you previously. When treatment is completed, please submit the estimate for payment.		
Policy EL03400: Diagnostic photographs and cephalometric films, unless done for covered orthodontics, are not benefits of the dental plan.		

Total:	$102.00	$0.00
Subscriber Deductible:	$0.00	

Paid to Subscriber

7. View claim details

Search Sealant History of a Member

New functionality

SELECTED SERVICE OFFICE:

Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID: CHANGE MEMBER

xxxxx9888   Marshall Molar - Sp ▼

Search   Office   Member

Search

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

• Family Claims History

Print Benefits

Processing Policies

Admin

I'd like to search for:
Family Claims History ▼

Time Period:
Last 90 Days ▼   Or:

Start Date:
04/12/2019   To:

End Date:
07/11/2019

Member Search Options for Member ID: xxxxx9888
◉ For the Selected Family Member: Marshall Molar
○ For ALL Family Members

Business Search Options:
◉ For the Selected Provider
○ Across the whole Business (TIN)
○ Across ALL Businesses (TINs)

Procedure Search Options:
◉ For All Procedures
○ With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:
All
Permanent Teeth
01
02
03
04
05

Area of Arch:
All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET   SEARCH

1. Enter a Member ID in the "Change Member" field
2. Click on "Family Claims History"

SELECTED SERVICE OFFICE:

Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxx9888   Marshall Molar - Sp ▾   CHANGE MEMBER

Search   Office   **Member**

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

• Family Claims History

Print Benefits

Processing Policies

Admin

Search

I'd like to search for:

Family Claims History ▾

Time Period:

Last 90 Days ▾

Or:

Start Date:

04/12/2019 📅

To:

End Date:

07/11/2019 📅

Member Search Options for Member ID: xxxxx9888

◉ For the Selected Family Member: Marshall Molar
○ For ALL Family Members

Business Search Options:

○ For the Selected Provider
○ Across the whole Business (TIN)
◉ Across ALL Businesses (TINs)

Procedure Search Options:

○ For All Procedures
◉ With treatment(s) matching the following Procedure Code(s):

d1351

Tooth Search Options:

Tooth Number:

All
Permanent Teeth
01
02
03
04
05

Area of Arch:

All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET   **SEARCH**

3. Select the criteria noted above (you can select any time period)
4. Enter the procedure code "D1351" for sealants
5. Click "Search"

SELECTED SERVICE OFFICE:

Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx9888   Marshall Molar - Sp   ▼

CHANGE MEMBER

Time Period:

Last 90 Days   ▼

Or:

Start Date:

04/12/2019

To:

End Date:

07/11/2019

Member Search Options for Member ID: xxxxx9888

● For the Selected Family Member: Marshall Molar

○ For ALL Family Members

Business Search Options:

○ For the Selected Provider

○ Across the whole Business (TIN)

● Across ALL Businesses (TINs)

Procedure Search Options:

○ For All Procedures

● With treatment(s) matching the following Procedure Code(s):

d1351

Tooth Search Options:

Tooth Number:

| All |
| Permanent Teeth |
| 01 |
| 02 |
| 03 |
| 04 |
| 05 |

Area of Arch:

| All |
| 01 - Upper Arch |
| 02 - Lower Arch |
| 10 - Upper Right |
| 20 - Upper Left |
| 30 - Lower Left |
| 40 - Lower Right |

(Select multiple using CTRL + click or SHIFT + click)

RESET   SEARCH

Search Results

Page 1 of 1   1-1 of 1 Records   ≪ ‹ 1 › ≫

Service Date	Date Received ▼	Patient Name	Claim Number	SSN	Status
07/06/2019	07/10/2019	Marshall Molar	1907104459932	xxxxx9888	Denied

Page 1 of 1   1-1 of 1 Records   ≪ ‹ 1 › ≫

6. Click into the claim number in the search results

SELECTED SERVICE OFFICE:

Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx9888   Marshall Molar - Sp ▼

In For Pay Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Marshall Molar
Date of Birth:	09/22/1984
Relationship Code:	Spouse
Subscriber Name:	Molly Molar

Dentist Information

Dentist Name:	Ginger Vitis
License Number:	33333
Dentist TIN:	333555333
Specialty:	General Practitioner
Other Carrier:	

Claim Information

Receipt Date:	07/10/2019
Process Date:	07/10/2019
Claim Number:	1907104459932
Claim Type:	In For Pay
Claim Status:	Denied
Other Carrier Payment:	

PRINT CLAIM DETAIL

SUBMIT CLAIM QUESTION

CANCEL CLAIM   This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
							Group Number: 9700		Sub-group Number: 1000									
21			07/06/2019	D1351	$100.00	$30.00	$0.00	$0.00	$0.00	0.0%	$30.00	$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied		Provider	
Policy Code(s): EL13012																		
22			07/06/2019	D1351	$100.00	$30.00	$0.00	$0.00	$0.00	0.0%	$30.00	$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied		Provider	
Policy Code(s): EL13012																		
23			07/06/2019	D1351	$100.00	$30.00	$0.00	$0.00	$0.00	0.0%	$30.00	$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied		Provider	
Policy Code(s): EL13012																		
24			07/06/2019	D1351	$100.00	$30.00	$0.00	$0.00	$0.00	0.0%	$30.00	$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied		Provider	
Policy Code(s): EL13012																		
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																		
Policy EL13012: Sealants and sealant repairs are not benefits on this tooth per the dental plan.																		
					Total:	$120.00	$0.00											

7. Review the date of service and claim line status to understand sealant eligibility

MEMBER CLAIMS

- Submit a Pre-treatment Estimate (PTE)

- Submit a Pre-treatment Estimate (PTE) for Payment

- Submit a Claim

- Search for a Claim

- Search Family Claim History Across Businesses

- Cancel a Claim

Submit a Pre-treatment Estimate (PTE)

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CANCEL

🔍 Search

⊘ Office
  • Office Details
    Fee Schedules
    Direct Deposits

👤 Member

⊙ Admin

↪ Logout

Service Office Details

MEMBER ID

333555777   SEARCH

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Activity Log (10) New

Information Requests	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Nondiscrimination Notice   Requirements

1.   Enter the member you would like to submit a pre-treatment estimate for

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID: CHANGE MEMBER

xxxxx5777   Gene Kelly - Sub ▾

Search

⊘ **Office**

• Office Details

Fee Schedules

Direct Deposits

👤 **Member**

✓ **Admin**

↦ Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

| Information Requests | EFTs | Pre-Treatment Estimates (2) | No Pay Processed Claims (8) | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

2. Once the member has been selected, click the "Member" tab on the left-hand navigation bar

Welcome, Ginger!　LOGOUT

SELECTED SERVICE OFFICE:　　HOME OFFICE　CHANGE OFFICE　**SELECTED MEMBER ID:**　CHANGE MEMBER

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

xxxxx5777　Gene Kelly - Sub ▼

- Search
- Office
- **Member**
  - Member Details & Benefits
  - • Enter Claim / Pre-treatment Estimate
  - Family Claims History
  - Print Benefits
  - Processing Policies
- Admin
- Logout

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Ginger Vitis | 77777 | 18290 Bainbridge Ave Livonia, MI 48152** (Change above if needed.)

◉ I'd like to submit this claim for this patient: **Gene Kelly** (Change above if needed.)

◯ I'd like to submit this claim for **a family member not listed.**

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.
NOTE: All Pre-treatment Estimates are processed as Primary.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

	Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate? ☐	Service Date	Procedure Code	Submit Amount
⊖		▼		▼	▼	▼	▼	☐	mm/dd/yyyy		$
⊖		▼		▼	▼	▼	▼	☐	mm/dd/yyyy		$

3. Click "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar
4. Select the member you would like to submit the Pre-treatment Estimate for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

• Enter Claim / Pre-treatment Estimate

Family Claims History

Print Benefits

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

This provider has multiple specialties. **Please select which specialty code to use for this claim:**

[   ] ▾

Orthodontist
Periodontist

○ I'd like to submit this claim for **a family member not listed.**

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.
NOTE: All Pre-treatment Estimates are processed as Primary.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Note: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Treatment Details

Please fill out one line for each treatment.

Required for
Pre-Treatment
Estimate

PROCEDURE CODES AND DESCRIPTIONS

	Tooth Number	Area of Arch					Pre-treatment Estimate? ☐	Service Date	Procedure Code	Submit Amount
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$

Total Amount: $0.00

⊕ Add More Treatment Lines

Electronic Radiographs

For treatments requiring Electronic Radiographs, enter reference numbers here. Use commas to enter multiple reference numbers (example: NEAXXXX, RSSXXXX).

Remarks

Please add any treatment related remarks here, 400 characters max.

Type 2 NPI

5. Enter the "Tooth Number," "Area of Arch," and "Surfaces" fields

6. Select the "Pre-Treatment Estimate" box

7. Enter "Procedure Code" and "Submit Amount" (repeat steps 5-7 if there are multiple treatment lines)

8. Fill in any additional claim details below if they are applicable to the claim you are entering

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   **CHANGE OFFICE**

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CHANGE MEMBER

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details   ⌄

COB Details   ⌄

Ortho Details   ⌄

☑ I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM   RESET

9. If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim" (this is used to submit BOTH pre-treatment estimates and claims)

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis │ 77777 │ 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Tim McGraw
Date of Birth:	05/01/1967
Relationship Code:	Subscriber
Subscriber Name:	Tim McGraw

Claim Information

Receipt Date:	02/19/2019
Process Date:	02/19/2019
Claim Number:	1902194066569
Claim Type:	Pre-treatment Estimate
Claim Status:	Estimated
Other Carrier Payment:	$17.00

Dentist Information

Dentist Name:	Ginger Vitis
License Number:	77777
Dentist TIN:	197919791
Specialty:	General Practitioner
Other Carrier:	

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

SUBMIT CLAIM QUESTION

CANCEL CLAIM   Select your option ▾

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
						Group Number: 6753		Sub-group Number: 3502										
				D0370	$99.00	$99.00	$0.00	$0.00	$0.00	0.0%	$99.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Denied		Provider	
Policy Code(s): AP11005, EL00034																		
				D0272	$17.00	$17.00	$17.00	$0.00	$0.00	100%	$0.00	$17.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Estimated		Provider	
Policy Code(s): AP11005																		

10. Review pre-treatment estimate details
11. There are options to "Print Claim Details," "Submit for Payment", or "Submit a Claim Question"

Convert a Pre-treatment Estimate to a Claim

Option 1—From the Activity Log

1. Navigate to the "Pre-Treatment Estimates" tab of the Activity Log
2. Click on the number of the pre-treatment estimate to view it

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx1111   Maria Schickert - Sub ▼

Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO ACTIVITY LOG

Patient Information

Patient Account Number:	
Patient Name:	Maria Schickert
Date of Birth:	01/17/1961
Relationship Code:	Subscriber
Subscriber Name:	Maria Schickert

Dentist Information

Dentist Name:	Bradley Brackets
License Number:	6666
Dentist TIN:	777555777
Specialty:	Orthodontist
Other Carrier:	

Claim Information

Receipt Date:	06/17/2019
Process Date:	06/17/2019
Claim Number:	1906174354632
Claim Type:	Pre-treatment Estimate
Claim Status:	Denied
Other Carrier Payment:	

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM   Select your option ▼

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
							Group Number: 9998		Sub-group Number: 0003									
				D0120	$10.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Nonparticipating Dentist	Delta Dental Premier	Not Billable		Subscriber	

Policy Code(s): AP15032

The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:

Policy AP15032: This service is on a claim that is currently being processed.

3. Click "Submit for Payment"

SELECTED SERVICE OFFICE:

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

CHANGE MEMBER

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

xxxxx1111   Maria Schickert - Sub ▾

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details ⌄

COB Details ⌄

Ortho Details ⌄

☑ I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM   RESET

4. Review the details of the pre-treatment estimate and scroll down
5. If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim"

Convert a Pre-treatment Estimate to a Claim

Option 2—By Searching for the Pre-treatment Estimate

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CANCEL

MEMBER ID

111111111   SEARCH

Search

Office
• Office Details
Fee Schedules
Direct Deposits

Member

Admin

Service Office Details

Bradley Brackets

1100 Rock and Roll Blvd

Cleveland, OH 44114

License Number: 6666

NPI Type1:

Tax ID: 777555777

THIS IS YOUR HOME OFFICE ✓

Payment Method: Check

Par Status:
Non-Participating

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

05/17/2019

Free Continuing Education courses now available!

05/15/2019

Attention Prescribing Dentists

03/29/2019

An ALL-NEW Dental Office Toolkit® is coming!

01/18/2019

Activity Log (3) New

Information Requests	EFTs	Pre-Treatment Estimates	No Pay Processed Claims	EFT Interest Payments
		2	1	

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

2. Enter the member ID of the member associated with the pre-treatment estimate you are looking for

SELECTED SERVICE OFFICE:

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

CHANGE MEMBER

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

xxxxx1111   Maria Schickert - Sub

Search

- Search
- Office
- **Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - • Family Claims History
  - Print Benefits
  - Processing Policies
- Admin

Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Member Search Options for Member ID: xxxxx1111
- ● For the Selected Family Member: Maria Schickert
- ○ For ALL Family Members

Business Search Options:
- ● For the Selected Provider
- ○ Across the whole Business (TIN)
- ○ Across ALL Businesses (TINs)

Procedure Search Options:
- ● For All Procedures
- ○ With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All
Permanent Teeth
01
02
03
04
05

Area of Arch:

All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

3. Navigate to the "Member" tab
4. Click on "Family Claims History"

Welcome, Cathy!

LOGOUT

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx1111 Maria Schickert - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

• Family Claims History

Print Benefits

Processing Policies

Admin

Search

I'd like to search for:

Pre-treatment Estimates

Time Period:

Last 90 Days

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Claims Search Options:
○ For ALL Claims
● For the Selected Member ID: xxxxx1111
○ For a Specific Claim Number:

RESET SEARCH

5. Select "Pre-treatment Estimates" from the "I'd like to search for:" drop down menu

6. Specify the time period you'd like to search inside

7. Select to search for all claims, just those for the member you have selected, or for a specific claim number

8. Click "Search"

SELECTED SERVICE OFFICE:

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

CHANGE MEMBER

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

xxxxx1111   Maria Schickert - Sub ▼

Pre-treatment Estimates

Time Period:

Last 90 Days ▼

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Claims Search Options:

○ For ALL Claims

● For the Selected Member ID: xxxxx1111

○ For a Specific Claim Number:

RESET   SEARCH

Search Results

Page 1 of 1   1-2 of 2 Records

« ‹ **1** › »

Date Received ▼	Patient Name	Claim Number	SSN	Status
06/17/2019	Maria Schickert	1906174354632	xxxxx1111	Denied
06/17/2019	Maria Schickert	1906174354609	xxxxx1111	Estimated

Page 1 of 1   1-2 of 2 Records

« ‹ **1** › »

9. Click on the number of the pre-treatment estimate you are searching for from the results

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx1111   Maria Schickert - Sub ▾

Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Maria Schickert
Date of Birth:	01/17/1961
Relationship Code:	Subscriber
Subscriber Name:	Maria Schickert

Dentist Information

Dentist Name:	Bradley Brackets
License Number:	6666
Dentist TIN:	777555777
Specialty:	Orthodontist
Other Carrier:	

Claim Information

Receipt Date:	06/17/2019
Process Date:	06/17/2019
Claim Number:	1906174354632
Claim Type:	Pre-treatment Estimate
Claim Status:	Denied
Other Carrier Payment:	

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM   Select your option ▾

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
							Group Number: 9998		Sub-group Number: 0003									
				D0120	$10.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Nonparticipating Dentist	Delta Dental Premier	Not Billable		Subscriber	

Policy Code(s): AP15032

The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:

Policy AP15032: This service is on a claim that is currently being processed.

10. Click on "Submit for Payment"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx1111   Maria Schickert - Sub

CHANGE MEMBER

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details

COB Details

Ortho Details

☑ I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM   RESET

11. Review the details of the pre-treatment estimate and scroll down
12. If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim"
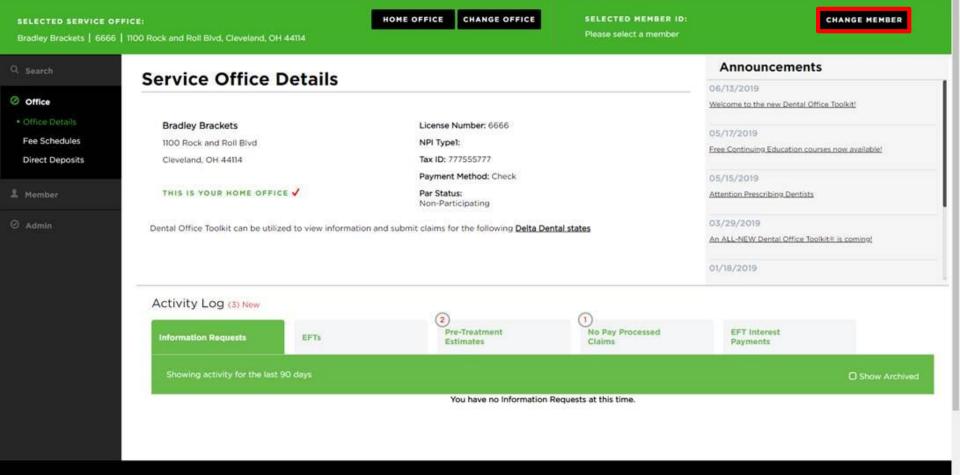
Submit a Claim

Use Case 1—Submit a Single Claim

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CANCEL

Service Office Details

MEMBER ID

333555777   SEARCH

Search

Office
  • Office Details
  Fee Schedules
  Direct Deposits

Member

Admin

Logout

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

| Information Requests | EFTs | Pre-Treatment Estimates (2) | No Pay Processed Claims (8) | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

1. Enter the member you would like to submit a claim for

Welcome, Ginger!

LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub

CHANGE MEMBER

Search

⊘ **Office**

• Office Details

Fee Schedules

Direct Deposits

👤 **Member**

☑ **Admin**

↪ Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

| 11/28/2018 |
| It's smart to be PPO! |

| 11/13/2018 |
| Roosevelt DOT |

| 11/13/2018 |
| Roosevelt DOT |

| 11/13/2018 |
| Roosevelt DOT |

| 10/15/2018 |
| DOT |

Activity Log (10) New

| Information Requests | EFTs | (2) Pre-Treatment Estimates | (8) No Pay Processed Claims | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

2. Once the member has been selected, click on the "Member" tab on the left-hand navigation bar

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Ginger Vitis | 77777 | 18290 Bainbridge Ave Livonia, MI 48152** (Change above if needed.)

○ I'd like to submit this claim for this patient: **Gene Kelly** (Change above if needed.)

○ I'd like to submit this claim for **a family member not listed.**

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.
NOTE: All Pre-treatment Estimates are processed as Primary.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

	Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate? ☐	Service Date	Procedure Code	Submit Amount
⊖		▾	▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$
⊖		▾	▾	▾	▾	▾	▾	☐	mm/dd/yyyy		$

Member — Member Details & Benefits · Enter Claim / Pre-treatment Estimate · Family Claims History · Print Benefits · Processing Policies

3. Click on "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar
4. Select the member you would like to submit the claim for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub

CHANGE MEMBER

Search
Office
Member
  Member Details & Benefits
  • Enter Claim / Pre-treatment Estimate
  Family Claims History
  Print Benefits
  Processing Policies
Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

This provider has multiple specialties. **Please select which specialty code to use for this claim:**

Orthodontist
Periodontist

○ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.
NOTE: All Pre-treatment Estimates are processed as Primary.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Note: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Date MUST be populated in order to submit claim

Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate? ☐	Service Date	
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy	
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy	$
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy	$
⊖		▾	▾	▾	▾	▾	☐	mm/dd/yyyy	$

2

Total Amount: $0.00

⊕ Add More Treatment Lines

Electronic Radiographs

For treatments requiring Electronic Radiographs, enter reference numbers here. Use commas to enter multiple reference numbers (example: NEAXXXX, RSSXXXX).

Remarks

Please add any treatment related remarks here, 400 characters max.

Type 2 NPI

5. Enter the "Tooth Number," "Area of Arch," and "Surfaces" fields

6. "Service Date" box MUST be completed in order to submit claim

7. Enter "Procedure Code" and "Submit Amount" (repeat steps 5-7 if there are multiple treatment lines)

8. Fill in any additional claim details below if they are applicable to the claim you are entering

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details ⌄

COB Details ⌄

Ortho Details ⌄

☑ I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM   RESET

9. If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim" (this is used to submit BOTH pre-treatment estimates and claims)

Submit a Claim

Use Case 2—Submit a Series of Claims

DELTA DENTAL® Dental Office Toolkit

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:
Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
xxxxx5777   Gene Kelly - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Claim Submitted Successfully   x

In For Pay Claim

< CREATE ANOTHER CLAIM

Patient Information

Patient Account Number:	
Patient Name:	Maria Schickert
Date of Birth:	01/17/1961
Relationship Code:	Subscriber
Subscriber Name:	Maria Schickert

Dentist Information

Dentist Name:	Bradley Brackets
License Number:	6666
Dentist TIN:	777555777
Specialty:	Orthodontist
Other Carrier:	

Claim Information

Receipt Date:	06/18/2019
Process Date:	06/18/2019
Claim Number:	1906184450413
Claim Type:	In For Pay
Claim Status:	Routed
Other Carrier Payment:	

PRINT CLAIM DETAIL

CANCEL CLAIM   This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
						Group Number: 9998	Sub-group Number: 0003											
			06/06/2019	D9999	$16.00	$0.00	$0.00	$0.00	$0.00	0.0%	In Process	In Process	Nonparticipating Dentist	Delta Dental Premier	Routed			

Policy Code(s): MI07010

The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:

Policy MI07010: Please provide a report for this code indicating the services rendered and the need for this service.

Total:	$0.00	$0.00
Subscriber Deductible:	$0.00	
	Paid to Subscriber	
Net Amount:	$0.00	
	Paid to Provider	

10. Review details of your submitted claim
11. To submit a series of claims for various members, click on "Create Another Claim"

SELECTED SERVICE OFFICE:
Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID: CHANGE MEMBER
xxxxx5777   Gene Kelly - Sub ▼

Search

Office

Member

Member Details & Benefits

• Enter Claim / Pre-treatment Estimate

Family Claims History

Print Benefits

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

○ I'd like to submit this claim for this patient: **Joe Cool** (Change above if needed.)
○ I'd like to submit this claim for **a family member not listed.**

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.
NOTE: All Pre-treatment Estimates are processed as Primary.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

	Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate? ☐	Service Date	Procedure Code	Submit Amount
⊖		▼	▼	▼	▼	▼	▼	☐	mm/dd/yyyy		$
⊖		▼	▼	▼	▼	▼	▼	☐	mm/dd/yyyy		$

12. Enter a new member ID in the "Change Member" field to continue without leaving the claim submission page

Search for a Claim

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CHANGE MEMBER

- Search
- Office
- Member
- Admin
- Logout

Search

I'd like to search for:

All Claims ▼

Time Period:

Last 90 Days ▼

Or

Start Date:

11/28/2018

To:

End Date:

02/26/2019

Claims Search Options:

- ● For ALL Claims
- ○ For the Selected Member ID: xxxxx5777
- ○ For a Specific Claim Number:

RESET   SEARCH
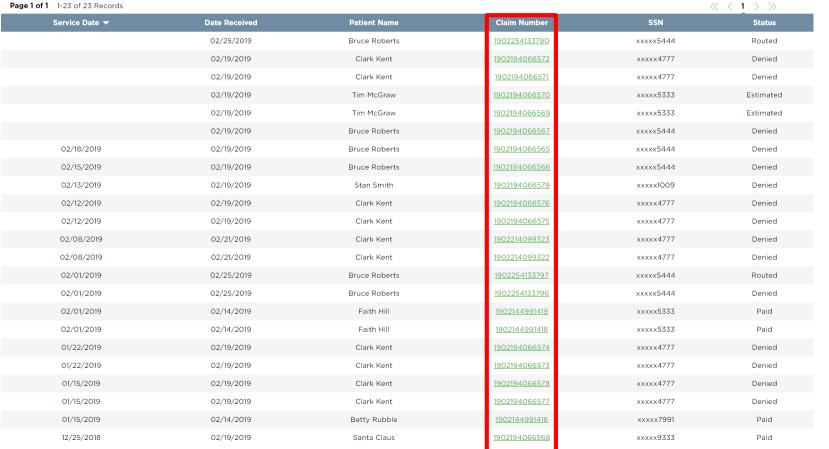
1. Click "Search" on left-hand navigation bar
2. Select your claim search options and time period or start/end date
3. Filter search results by all claims, selected member ID, or by specific claim number
4. Click the "Search" button in the bottom right corner

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

Search Results

Page 1 of 1   1-23 of 23 Records   ≪ < **1** > ≫

Service Date ▼	Date Received	Patient Name	Claim Number	SSN	Status
	02/25/2019	Bruce Roberts	1902254133790	xxxxx5444	Routed
	02/19/2019	Clark Kent	1902194066572	xxxxx4777	Denied
	02/19/2019	Clark Kent	1902194066571	xxxxx4777	Denied
	02/19/2019	Tim McGraw	1902194066570	xxxxx5333	Estimated
	02/19/2019	Tim McGraw	1902194066569	xxxxx5333	Estimated
	02/19/2019	Bruce Roberts	1902194066567	xxxxx5444	Denied
02/18/2019	02/19/2019	Bruce Roberts	1902194066565	xxxxx5444	Denied
02/15/2019	02/19/2019	Bruce Roberts	1902194066566	xxxxx5444	Denied
02/13/2019	02/19/2019	Stan Smith	1902194066579	xxxxx1009	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066576	xxxxx4777	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066575	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099323	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099322	xxxxx4777	Denied
02/01/2019	02/25/2019	Bruce Roberts	1902254133797	xxxxx5444	Routed
02/01/2019	02/25/2019	Bruce Roberts	1902254133796	xxxxx5444	Denied
02/01/2019	02/14/2019	Faith Hill	1902144991419	xxxxx5333	Paid
02/01/2019	02/14/2019	Faith Hill	1902144991418	xxxxx5333	Paid
01/22/2019	02/19/2019	Clark Kent	1902194066574	xxxxx4777	Denied
01/22/2019	02/19/2019	Clark Kent	1902194066573	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066578	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066577	xxxxx4777	Denied
01/15/2019	02/14/2019	Betty Rubble	1902144991416	xxxxx7991	Paid
12/25/2018	02/19/2019	Santa Claus	1902194066568	xxxxx9333	Paid

5. Once search results appear, click on any claim number to see a detailed breakdown of the claim

6. After clicking on a claim number, you can see the full details of the claim

7. There are options to "Print Claim Details," "Submit for Payment" (for PTEs), or "Submit a Claim Question"

CANCEL CLAIM   Select your option ▼

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
										Group Number: 6753 Sub-group Number: 3502								
				D0370	$99.00	$99.00	$0.00	$0.00	$0.00	0.0%	$99.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Denied		Provider	
Policy Code(s): AP11005, EL00034																		
				D0272	$17.00	$17.00	$17.00	$0.00	$0.00	100%	$0.00	$17.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Estimated		Provider	
Policy Code(s): AP11005																		

The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:

Policy EL00034: Specialized techniques are not benefits of the dental plan.

Policy AP11005: The dental plan contains a non-duplication of benefits (carve-out) clause for coordination of benefits. Therefore, when treatment is completed and the pre-treatment estimate is submitted for payment, if Delta Dental is the secondary carrier, Delta Dental's payment amount will be determined by deducting the primary carrier's payment amount from the estimated plan payment amount shown below. Please indicate the primary carrier's payment when you return this for payment.

Total: $99.00 $17.00

Subscriber Deductible: $0.00

Paid to Subscriber
Net Amount: $0.00

Paid to Provider
Gross Amount: $17.00
R&D Withhold: $0.00
Net Amount: $17.00

8. Here is another view of the claim breakdown, which displays specifics about tooth number, date of service, and cost amounts

Search Family Claims History Across Businesses

New functionality

1. Navigate to the "Member" tab in the left-hand navigation bar
2. Click on "Family Claims History"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub   ▼

CHANGE MEMBER

- Search
- ⊘ Office
- ● Member
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - • Family Claims History
  - Print Benefits
  - Processing Policies
- ⊘ Admin
- → Logout

Search

I'd like to search for:

Family Claims History   ▼

Time Period:

Last 90 Days   ▼

Or:

Start Date:

11/28/2018

To:

End Date:

02/26/2019

Member Search Options for Member ID: xxxxx5777

- ● For the Selected Family Member: Gene Kelly
- ○ For ALL Family Members

Business Search Options:

- ● For the Selected Provider
- ○ Across the whole Business (TIN)
- ○ Across ALL Businesses (TINs)

Procedure Search Options:

- ● For All Procedures
- ○ With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All
Permanent Teeth
01
02
03
04
05

Area of Arch:

All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET   SEARCH

3. Fill out and select the options outlined in **red**

4. Enter your desired time period and start/end dates outlined in **blue,** and click "Search"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CHANGE MEMBER

Member Search Options for Member ID: xxxxx5777

- ◉ For the Selected Family Member: Gene Kelly
- ○ For ALL Family Members

Business Search Options:

- ◉ For the Selected Provider
- ○ Across the whole Business (TIN)
- ○ Across ALL Businesses (TINs)

Procedure Search Options:

- ◉ For All Procedures
- ○ With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All
Permanent Teeth
01
02
03
04
05

Area of Arch:

All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET   SEARCH

Search Results

Page 1 of 1   1-1 of 1 Records   « ‹ 1 › »

Service Date ▼	Date Received	Patient Name	Claim Number	SSN	Status
02/26/2019	02/26/2019	Gene Kelly	1902264143790	xxxxx5777	Paid

Page 1 of 1   1-1 of 1 Records   « ‹ 1 › »

5. View search results
6. Click on any claim number for details

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

In For Pay Claim

Patient Information

Patient Account Number:	
Patient Name:	Gene Kelly
Date of Birth:	08/23/1912
Relationship Code:	Subscriber
Subscriber Name:	Gene Kelly

Dentist Information

Dentist Name:	Ginger Vitis
License Number:	77777
Dentist TIN:	197919791
Specialty:	General Practitioner
Other Carrier:	

Claim Information

Receipt Date:	02/26/2019
Process Date:	02/26/2019
Claim Number:	1902264143790
Claim Type:	In For Pay
Claim Status:	Paid
Other Carrier Payment:	

PRINT CLAIM DETAIL

CANCEL CLAIM   Select your option ▾

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
						Group Number: 1238		Sub-group Number: 0001										
			02/26/2019	D0120	$100.00	$45.00	$45.00	$0.00	$0.00	100%	$0.00	$45.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Paid		Provider	
			02/26/2019	D0120	$100.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): AP15002																		
			02/26/2019	D0120	$100.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): AP15002																		
			02/26/2019	D0120	$100.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): AP15002																		
			02/26/2019	D0120	$100.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): AP15002																		
			02/26/2019	D0120	$100.00	$0.00	$0.00	$0.00	$0.00	0.0%	$0.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): AP15002																		

7. View claim details

Cancel a Claim

NOTE: Claims that have already been paid out _cannot_ be cancelled

Welcome, Ginger!

LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   **CHANGE OFFICE**

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

CHANGE MEMBER

- 🔍 **Search**
- ⊘ Office
- 👤 Member
- ⊘ Admin
- ⤷ Logout

Search

I'd like to search for:

All Claims ▾

Time Period:

Last 90 Days ▾

Or:

Start Date:

11/28/2018 📅

To:

End Date:

02/26/2019 📅

Claims Search Options:

● For ALL Claims

○ For the Selected Member ID: **xxxxx5777**

○ For a Specific Claim Number:

RESET   **SEARCH**

1. Search for the claim you would like to cancel
2. Only claims that have **not yet been paid** can be cancelled; narrow your search window as specific as possible

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub

CHANGE MEMBER

RESET   SEARCH

Search Results

Page 1 of 1   1-23 of 23 Records

« ‹ 1 › »

Service Date ▼	Date Received	Patient Name	Claim Number	SSN	Status
	02/25/2019	Bruce Roberts	1902254133790	xxxxx5444	Routed
	02/19/2019	Clark Kent	1902194066572	xxxxx4777	Denied
	02/19/2019	Clark Kent	1902194066571	xxxxx4777	Denied
	02/19/2019	Tim McGraw	1902194066570	xxxxx5333	Estimated
	02/19/2019	Tim McGraw	1902194066569	xxxxx5333	Estimated
	02/19/2019	Bruce Roberts	1902194066567	xxxxx5444	Denied
02/18/2019	02/19/2019	Bruce Roberts	1902194066565	xxxxx5444	Denied
02/15/2019	02/19/2019	Bruce Roberts	1902194066566	xxxxx5444	Denied
02/13/2019	02/19/2019	Stan Smith	1902194066579	xxxxx1009	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066576	xxxxx4777	Denied
02/12/2019	02/19/2019	Clark Kent	1902194066575	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099323	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	1902214099322	xxxxx4777	Denied
02/01/2019	02/25/2019	Bruce Roberts	1902254133797	xxxxx5444	Routed
02/01/2019	02/25/2019	Bruce Roberts	1902254133796	xxxxx5444	Denied
02/01/2019	02/14/2019	Faith Hill	1902144991419	xxxxx5333	Paid
02/01/2019	02/14/2019	Faith Hill	1902144991418	xxxxx5333	Paid
01/22/2019	02/19/2019	Clark Kent	1902194066574	xxxxx4777	Denied
01/22/2019	02/19/2019	Clark Kent	1902194066573	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066578	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066577	xxxxx4777	Denied

3. After searching, select the claim details to view

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▾

- Search
- Office
- Member
- Admin
- Logout

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Tim McGraw
Date of Birth:	05/01/1967
Relationship Code:	Subscriber
Subscriber Name:	Tim McGraw

Dentist Information

Dentist Name:	Ginger Vitis
License Number:	77777
Dentist TIN:	197919791
Specialty:	General Practitioner
Other Carrier:	

Claim Information

Receipt Date:	02/19/2019
Process Date:	02/19/2019
Claim Number:	1902194066569
Claim Type:	Pre-treatment Estimate
Claim Status:	Estimated
Other Carrier Payment:	$17.00

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

SUBMIT CLAIM QUESTION

CANCEL CLAIM   Select your option ▾

Select your option
Claim submitted in error
Claim submitted with incorrect information
Other

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Of v				Claim Line Status	Payment Number	Pay To	Issued Date
					Group Number: 6753	Sub-group Number: 3502										
				D0370	$99.00	$99.00	$0.00	$0.00	$0.00	0.0%	$99.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Denied		Provider
Policy Code(s): AP11005, EL00034																
				D0272	$17.00	$17.00	$17.00	$0.00	$0.00	100%	$0.00	$17.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Estimated		Provider
Policy Code(s): AP11005																

4. From the claim details page, choose the reason to cancel the claim and select "Cancel Claim"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5575   Gene Kelly - Sub ▼

Search

Office

Member

Admin

Logout

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:	
Patient Name:	Tim McGraw
Date of Birth:	05/01/1967
Relationship Code:	Subscriber
Subscriber Name:	Tim McGraw

Claim Information

Receipt Date:	02/19/2019
Process Date:	02/19/2019
Claim Number:	1902194066569
Claim Type:	Pre-treatment Estimate
Claim Status:	Estimated
Other Carrier Payment:	$17.00

Dentist Information

Once a claim is canceled, it cannot be un-canceled. Continue?   ✕

[Yes] [No]

Dentist Name:	Ginger Vitis
License Number:	77777
Dentist TIN:	197919791
Specialty:	General Practitioner
Other Carrier:	

[SUBMIT FOR PAYMENT]

[SUBMIT CLAIM QUESTION]

[CANCEL CLAIM]   Claim submitted in error ▼

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
			Group Number: 6753			Sub-group Number: 3502												
				D0370	$99.00	$99.00	$0.00	$0.00	$0.00	0.0%	$99.00	$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Denied		Provider	
Policy Code(s): AP11005, EL00034																		
				D0272	$17.00	$17.00	$17.00	$0.00	$0.00	100%	$0.00	$17.00	Premier Dentist	Delta Dental PPO (Point-of-Service) (copy)	Estimated		Provider	
Policy Code(s): AP11005																		

5. Select "Yes" to confirm claim cancellation

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub

- Search
- Office
- Member
- Admin
- Logout

Claim Number 1902194066569 has been successfully canceled and will no longer be viewable.

6. Confirm the claim has been cancelled

DDS Office

- Select a Service Office

- Set a Home Office

- View Activity Log

- View and Manage EFTs

- Register for Direct Deposit

Select a Service Office

New functionality

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

CHANGE MEMBER

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

xxxxx5777   Gene Kelly - Sub

Search

Office
• Office Details
  Fee Schedules
  Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

| Information Requests | EFTs | Pre-Treatment Estimates (2) | No Pay Processed Claims (8) | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

1.   To search for service offices associated with a provider's business, select the "Change Office" button on the top home bar

DELTA DENTAL Dental Office Toolkit

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CANCEL

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CHANGE MEMBER

Announcements

DENTIST LAST NAME	LICENSE	ZIP CODE

Displaying your most recently selected Service Offices below...

| Vitis, Ginger | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114 |

11/28/2018

It's smart to be PPO!

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

10/15/2018

DOT

Livonia, MI 48154

THIS IS YOUR HOME OFFICE ✔

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

- Member
- Admin
- Logout

Activity Log (10) New

| Information Requests | EFTs | ② Pre-Treatment Estimates | ⑧ No Pay Processed Claims | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

2. Search for any office associated with the business using last name, license, or ZIP Code
3. Search results will appear as the information is being typed in real-time

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 15331 Fairfield St Livonia, MI 48154

HOME OFFICE   CANCEL

SELECTED MEMBER ID:

xxxxx5777   Gene Kelly - Sub ▼

CHANGE MEMBER

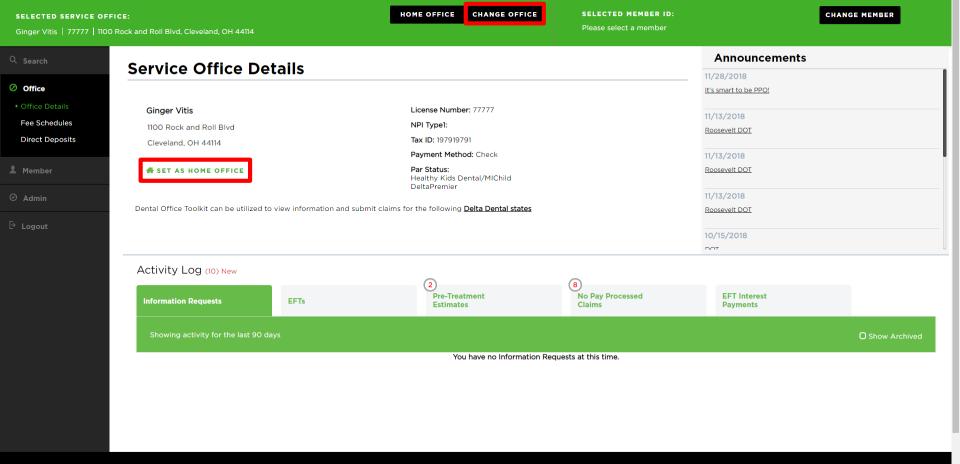| DENTIST LAST NAME	LICENSE	ZIP CODE
		4

Show inactive dentists ☐

O'Dontal, Perry	99999	1111 Dental Blvd. Livonia, MI 48152
O'Dontal, Perry	99999	1111 Dental Blvd. Livonia, MI 48152
O'Dontal, Perry	99999	1111 Dental Blvd. Livonia, MI 48152
Toothbrush, Tammy	88888	1112 Dental Blvd. Livonia, MI 48152
Vitis, Ginger	77777	1113 Dental Blvd. Livonia, MI 48152
Vitis, Ginger	77777	1113 Dental Blvd. Livonia, MI 48152
Vitis, Ginger	77777	1113 Dental Blvd. Livonia, MI 48152

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

Information Requests	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

4. In the yellow box, you can return back to the home office that has been identified
5. In the purple box, you can cancel out of the search
6. In the orange box, you can include inactive providers in the search
7. In the red box, you can view all search results

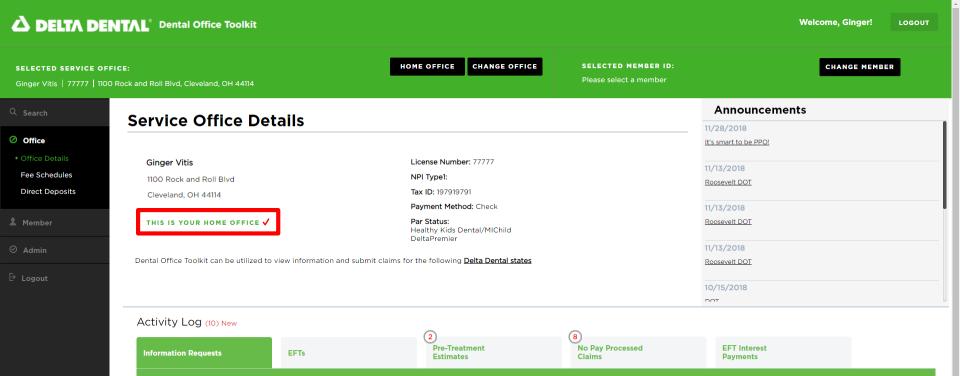# Set a Home Office

New functionality

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Search

Office
• Office Details
Fee Schedules
Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

🏠 SET AS HOME OFFICE

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

Information Requests	EFTs	Pre-Treatment Estimates	No Pay Processed Claims	EFT Interest Payments
		2	8	

Showing activity for the last 90 days   ☐ Show Archived
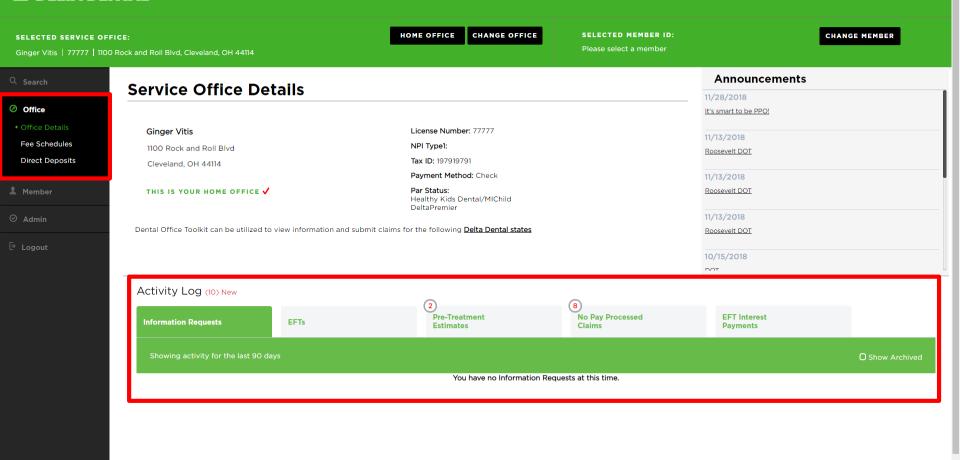
You have no Information Requests at this time.

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Nondiscrimination Notice   Requirements

1. Find the office you would like to set as a home office using the previous directions
2. Click "Set as Home Office"

Welcome, Ginger!　LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE　CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Search

Office
• Office Details
Fee Schedules
Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

THIS IS YOUR HOME OFFICE ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

Information Requests	EFTs	Pre-Treatment Estimates (2)	No Pay Processed Claims (8)	EFT Interest Payments

Showing activity for the last 90 days　☐ Show Archived

You have no Information Requests at this time.

3. You will see a check mark for the home office you have set

View Activity Log

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office
• Office Details
Fee Schedules
Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

11/28/2018
It's smart to be PPO!

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

Activity Log (10) New

| Information Requests | EFTs | Pre-Treatment Estimates (2) | No Pay Processed Claims (8) | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

You have no Information Requests at this time.

1. Select "Office Details" on the left-hand navigation bar
2. View the Activity Log as shown in red

HOME OFFICE   **CHANGE OFFICE**

CHANGE MEMBER

Admin

Logout

DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

11/13/2018

Roosevelt DOT

10/15/2018

DOT

Activity Log (10) New

| Information Requests | EFTs | ② Pre-Treatment Estimates | ⑧ No Pay Processed Claims | EFT Interest Payments |

Showing activity for the last 90 days   ⊙ Show Archived

⚙ Page 1 of 1   1-5 of 5 Records   《 ‹ 1 › 》

Archive	Date Received ▼	Claim Number	Patient Name
☐	02/19/2019	1902194066570	**Tim McGraw**
☐	02/19/2019	1902194066569	**Tim McGraw**
☐	02/19/2019	1902194066572	Clark Kent
☐	02/19/2019	1902194066571	Clark Kent
☐	02/19/2019	1902194066567	Bruce Roberts

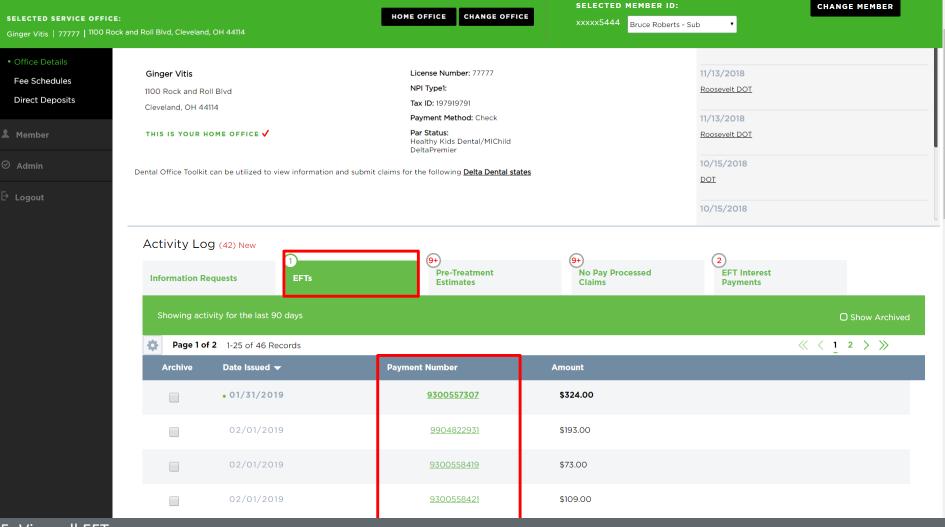⚙ Page 1 of 1   1-5 of 5 Records   《 ‹ 1 › 》

3. You can toggle between all sections and items in the activity log as desired
4. You can easily store any records by clicking the "Archive" check box outlined in blue

View and Manage EFTs

1. Navigate to the "Office" tab on the left-hand navigation bar in red box
2. Click on "Office Details" to view the details of your designated service office
3. View the table at the bottom of the page titled "Activity Log" in yellow box
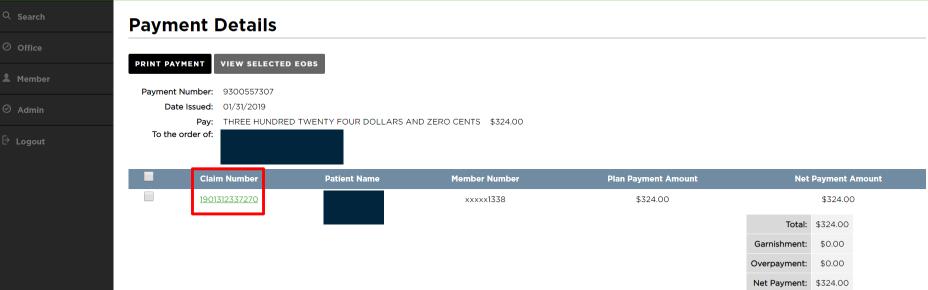4. Click on "EFTs" in the blue box

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5444   Bruce Roberts - Sub ▼

CHANGE MEMBER

- Office Details
Fee Schedules
Direct Deposits

👤 Member

✅ Admin

↪ Logout

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

11/13/2018
Roosevelt DOT

11/13/2018
Roosevelt DOT

10/15/2018
DOT

10/15/2018

Activity Log (42) New

| 1 Information Requests | EFTs | 9+ Pre-Treatment Estimates | 9+ No Pay Processed Claims | 2 EFT Interest Payments |

Showing activity for the last 90 days   ⬜ Show Archived

⚙ **Page 1 of 2** 1-25 of 46 Records   ⏮ ◀ **1** 2 ▶ ⏭

Archive	Date Issued ▼	Payment Number	Amount
⬜	• 01/31/2019	9300557307	$324.00
⬜	02/01/2019	9904822931	$193.00
⬜	02/01/2019	9300558419	$73.00
⬜	02/01/2019	9300558421	$109.00

5. View all EFTs
6. To see more details, click on the payment number of the EFT you'd like to view

SELECTED SERVICE OFFICE:

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

CHANGE MEMBER

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

Please select a member

- Search
- Office
- Member
- Admin
- Logout

Payment Details

PRINT PAYMENT   VIEW SELECTED EOBS

Payment Number: 9300557307
Date Issued: 01/31/2019
Pay: THREE HUNDRED TWENTY FOUR DOLLARS AND ZERO CENTS $324.00
To the order of:

	Claim Number	Patient Name	Member Number	Plan Payment Amount	Net Payment Amount
☐	1901312337270		xxxxx1338	$324.00	$324.00

Total:	$324.00
Garnishment:	$0.00
Overpayment:	$0.00
Net Payment:	$324.00

7. View payment details of the EFT
8. Click on the claim number to view the associated claim

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office
• Office Details
Fee Schedules
Direct Deposits

Member

Admin

Logout

Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

License Number: 77777

NPI Type1:

Tax ID: 197919791

Payment Method: Check

Par Status:
Healthy Kids Dental/MIChild
DeltaPremier

Announcements

01/11/2019

I need me some bacon...

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

10/15/2018

DOT

10/15/2018

Activity Log (41) New

| Information Requests | EFTs | 9+ Pre-Treatment Estimates | 9+ No Pay Processed Claims | 2 EFT Interest Payments |

Showing activity for the last 90 days   ○ Show Archived

⚙ **Page 1 of 1**   1-3 of 3 Records   ≪ ‹ 1 › ≫

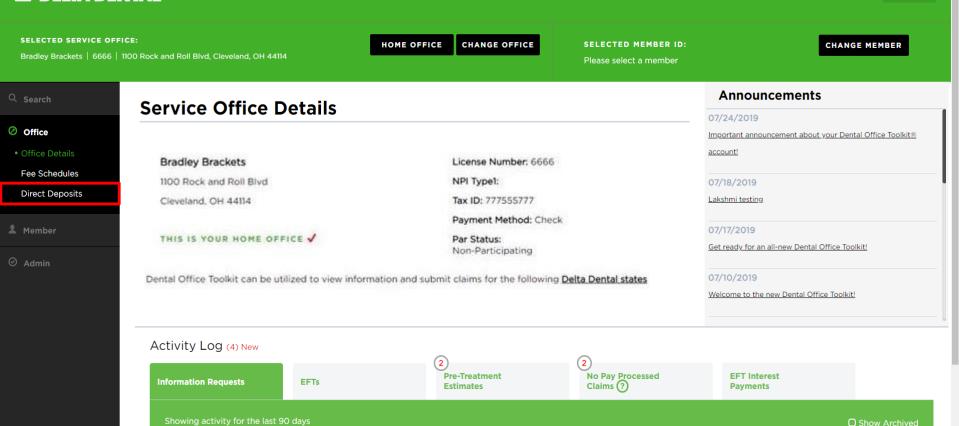| Archive	Date Issued ▼	Payment Number	Amount
☐	• 02/03/2019	77569	0.36
☐	• 02/03/2019	77568	4.64
☐	02/03/2019	78569	1.21

9. To view EFT interest payments, navigate to the tab on the far right of the activity log table

10. To view specific payments, click on the payment number of an EFT interest payment

Register for Direct Deposit

Delta Dental® Dental Office Toolkit

Welcome, Ginger!   LOGOUT

SELECTED SERVICE OFFICE:
Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

- Search
- ⊘ Office
  - • Office Details
  - Fee Schedules
  - Direct Deposits
- 👤 Member
- ⊘ Admin

Service Office Details

Bradley Brackets

1100 Rock and Roll Blvd

Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✔

License Number: 6666

NPI Type1:

Tax ID: 777555777

Payment Method: Check

Par Status: Non-Participating

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

Announcements

07/24/2019
Important announcement about your Dental Office Toolkit® account!

07/18/2019
Lakshmi testing

07/17/2019
Get ready for an all-new Dental Office Toolkit!

07/10/2019
Welcome to the new Dental Office Toolkit!

Activity Log (4) New

| Information Requests | EFTs | ② Pre-Treatment Estimates | ② No Pay Processed Claims ? | EFT Interest Payments |

Showing activity for the last 90 days   ☐ Show Archived

⚙ | Page 1 of 1 | 1-1 of 1 Records | ≪ ‹ 1 › ≫

| Archive | Date ▼ | Claim Number | Patient Name |

1. Under the "Office" section of the left-hand navigation, click on "Direct Deposits"

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE
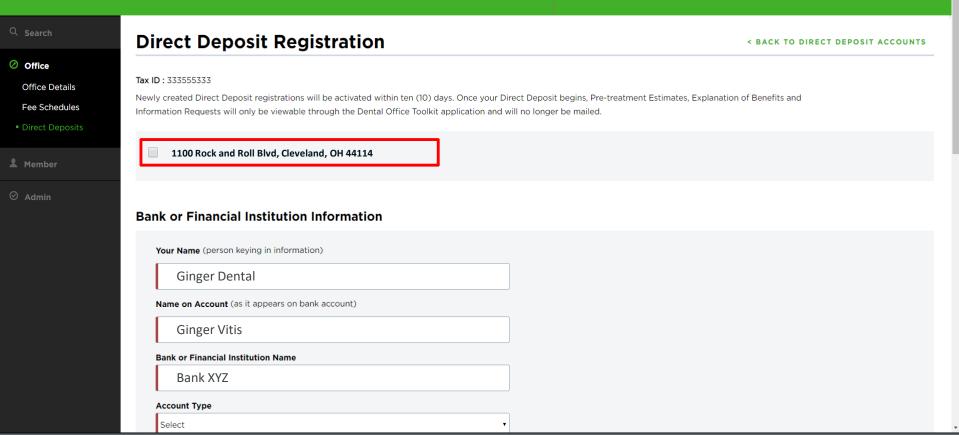
SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

• Direct Deposits

Member

Admin

Direct Deposit Details

⊕ Register for Direct Deposit

There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to setup Direct Deposit accounts.

2. If you have not registered, click on "Register for Direct Deposit" in the upper right-hand corner
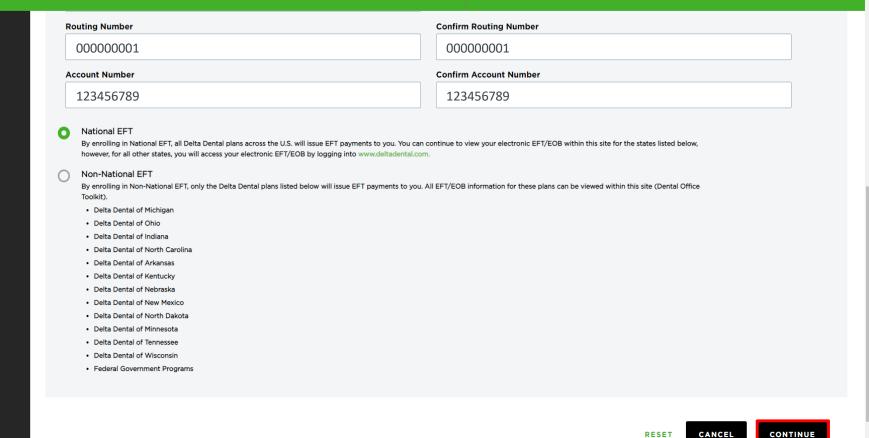
SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

⊘ Office

Office Details

Fee Schedules

• Direct Deposits

👤 Member

⊘ Admin

Direct Deposit Registration

< BACK TO DIRECT DEPOSIT ACCOUNTS

Tax ID : 333555333

Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Explanation of Benefits and Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed.

☐ **1100 Rock and Roll Blvd, Cleveland, OH 44114**

Bank or Financial Institution Information

Your Name (person keying in information)

Ginger Dental

Name on Account (as it appears on bank account)

Ginger Vitis

Bank or Financial Institution Name

Bank XYZ

Account Type

Select ▾

3. Confirm your service office

4. Fill out your direct deposit information

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

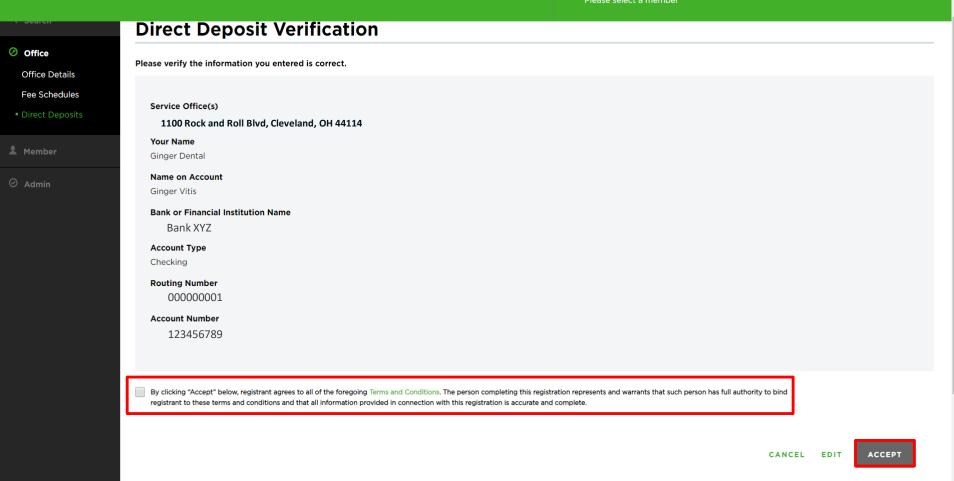HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Routing Number

000000001

Confirm Routing Number

000000001

Account Number

123456789

Confirm Account Number

123456789

○ **National EFT**
By enrolling in National EFT, all Delta Dental plans across the U.S. will issue EFT payments to you. You can continue to view your electronic EFT/EOB within this site for the states listed below, however, for all other states, you will access your electronic EFT/EOB by logging into www.deltadental.com.

○ **Non-National EFT**
By enrolling in Non-National EFT, only the Delta Dental plans listed below will issue EFT payments to you. All EFT/EOB information for these plans can be viewed within this site (Dental Office Toolkit).

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Arkansas
- Delta Dental of Kentucky
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of North Dakota
- Delta Dental of Minnesota
- Delta Dental of Tennessee
- Delta Dental of Wisconsin
- Federal Government Programs

RESET   CANCEL   CONTINUE

4. Fill out your direct deposit information
5. Click "Continue"

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Office
Office Details
Fee Schedules
• Direct Deposits

Member

Admin

Direct Deposit Verification

Please verify the information you entered is correct.

Service Office(s)

1100 Rock and Roll Blvd, Cleveland, OH 44114

Your Name
Ginger Dental

Name on Account
Ginger Vitis

Bank or Financial Institution Name
Bank XYZ

Account Type
Checking

Routing Number
000000001

Account Number
123456789

By clicking "Accept" below, registrant agrees to all of the foregoing Terms and Conditions. The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

CANCEL   EDIT   ACCEPT

6. Certify your acceptance by clicking the check box
7. Click "Accept"

DELTA DENTAL® Dental Office Toolkit

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE   CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

• Direct Deposits

Member

Admin

Direct Deposit Confirmation

PRINT   < BACK TO DIRECT DEPOSIT ACCOUNTS

Please print this page as a confirmation that you are registered for direct deposit.

Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) activiation may take up to ten (10) days. During this time, any existing EFTs will remain active. After this date, payments for claims will be electronically transferred and deposited into your new account, regardless of the method of submission.

The Patient Protection and Affordable Care Act (ACA) ushers in a new Healthcare EFT Standard. with the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. Click here to learn more.

Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at 866-356-0301 or email to ToolkitSupport@DentalOfficeToolkit.com.

Service Office(s)

1100 Rock and Roll Blvd, Cleveland, OH 44114

HIPAA Privacy   GLB Privacy   Privacy Policy   Terms of Use   Requirements

8. View your direct deposit confirmation